

NO! Not my nutrients! *What did you say—* **DEPLETED?**

By Elaine Manahan, RD, CDE

Nutritional deficiencies are not often thought of as a side effect of medication usage.

Most times when we think of side effects we think of such things as, *“is the medication going to cause my stomach to be upset?”* or *“am I going to become dizzy or weak because I use this medication?”* Medications are extremely important functions of health care, so it is important not to stop taking a medication that is important to your health care needs just because it may have depleted some of your body’s nutrients. However, a keen awareness of the side effects medications may cause is important.

Many side effects from medications are usually not directly due to the medication itself, but are the result of nutritional deficiencies that are caused by using the medication over time. Medications can affect how our bodies act because of the chemical reactions they produce in our bodies either through absorption, metabolism/synthesis, excretion, transport and/or storage. Several different mechanisms are

involved in these processes, including liver metabolism. Many foods also cause bodily reactions similar to medications because of the chemicals contained within them. Many of us in the health care field have heard of willow bark being used as a precursor to the development of aspirin. Willow bark and aspirin, though different products, act the same with the exception that aspirin may be stronger. Similarly, grapefruit is an example of a food with chemical interactions. Grapefruit contains an enzyme component which acts through the liver and at the level of the intestine. Therefore, if someone is on a “statin” cholesterol drug which also acts through this common mechanism, they may not want to eat grapefruit because they may experience problems such as muscle aches or headaches caused by the prolonged absorption time of the statin medication. The prolonged absorption causes the statin drug to be too powerful for its initial intended use. It is important to understand the implications diet, lifestyle, and personal health may have on the medications you are taking.

DIABETES STUDY

If you or a family member has Type 2 diabetes, or if neither you nor your family have diabetes and if you are 21 – 60 years old, we would like to welcome you to our study!

This research study is conducted at the VA Medical Center in collaboration with ASU (Christian Meyer, MD, and Lawrence Mandarino, Ph.D., Principal Investigators). This study examines how diabetes affects your muscle cells.

Depending on which part of this study you qualify for, you might be required to stay overnight. You may have to take an FDA approved medicine if you have diabetes, which will be provided by the VA Medical Center at no cost to you.

Free transportation is available.

A monetary stipend is offered to all participants.

To learn more please contact:

Alexandra Meyer,
Research Coordinator
(602) 277-5551 Ext. 6071

— TROUBLE SLEEPING? —

If you are 21 or older, are having trouble falling asleep and/or staying asleep, and have been experiencing the sleep problem for at least three months, you may be eligible for treatment (non-medication) in an insomnia research program.

Insomnia Research Program

Email: vhaphoinsomnia@med.va.gov

Phone: 602-265-4861

Funded by National Institutes of Health

Located at: the Carl T. Hayden Medical Center

Minimizing the Effects of Age-Related Macular Degeneration

Age-related macular degeneration, also known as AMD, is an eye disease that affects the macula, a part of the retina. The retina sends light from the eye to the brain, and the macula allows you to see fine detail.

Although AMD causes no pain, it blurs the sharp central vision you need for activities such as reading, sewing, and driving. In some cases, AMD advances so slowly that people notice little change in their vision. In others, the disease progresses faster and may lead to a loss of vision in both eyes. AMD is a leading cause of vision loss in Americans 60 years of age and older.

There are two forms of age-related macular degeneration:

wet and dry

Wet AMD occurs when abnormal blood vessels behind the retina start to grow under the macula. These new blood vessels tend to be very fragile and often leak blood and fluid. The blood and fluid raise the macula from its normal place at the back of the eye.

Dry AMD occurs when the light-sensitive cells in the macula slowly break down, gradually blurring central vision in the affected eye. As dry AMD gets worse, you may see a blurred spot in the center of your vision. Over time, as less of the macula functions, central vision in the affected eye can be lost gradually.

AMD is most common in older people, but it can occur during middle age. The risk increases with age.

Other risk factors include:

- ▶ **Smoking**
- ▶ **Obesity**
- ▶ **Race**
- ▶ **Family history**

AMD is detected during a comprehensive eye exam that includes:

- **A visual acuity test.** This eye chart test measures how well you see at various distances.
- **A dilated eye exam.** Drops are placed in your eyes

to widen, or dilate, the pupils. Your eye care professional uses a special magnifying lens to examine your retina and optic nerve for signs of AMD and other eye problems. After the exam, your close-up vision may remain blurred for several hours.

- **Tonometry.** This instrument measures the pressure inside the eye. Numbing drops may be applied to your eye for this test.

If you have been diagnosed with either type of AMD, there are things you can do to protect your vision from worsening. If you detect any changes in your vision, schedule an eye exam immediately. You can protect yourself against vision loss by working in partnership with your eye care professional. Ask questions and get the information you need to take care of yourself.



Risk Factors

What is Respite Care?

Millions of Americans provide assistance each year to ill or elderly family, friends, and neighbors to help them remain in their own homes and communities for as long as possible. Sometimes these caregivers need time off to relax or take care of other responsibilities. This is where respite care can be helpful. It provides the caregivers with the break they need, and also ensures that their loved one is still receiving the attention that he or she needs.

Respite care may vary in time from part of a day to several weeks. It encompasses a wide variety of services including traditional home-based care, as well as adult day care, skilled nursing, home health, and short term institutional care. More specifically, respite care may take any one of the following forms:

- **Adult Day Care:** These programs are designed to provide care and companionship for frail or disabled persons who need assistance or supervision during the day. The program offers relief to family members or caregivers and allows them the freedom to go to work, handle personal business or just relax while knowing their loved one is well cared for and safe.
- **Informal and Volunteer Respite Care:** This is as simple as it sounds. It is help from other family members, friends, neighbors, or church volunteers who offer to stay with the person needing care while the caregiver goes to the store or runs other errands.



Sometimes a local church group or area agency on aging will even run a formal “Friendly Visitor Program” in which volunteers may be able to provide basic respite care as well. Many communities have formed either Interfaith Caregiver or Faith in Action Programs where volunteers from faith-based communities are matched with caregivers to provide them with some relief.

- **In-home respite care:** Generally speaking, in-home respite care involves the following four types of services for the person needing care:
 - ☑ Companion services to help the family caregiver supervise, entertain, or just visit with the person needing care when he or she wants company.
 - ☑ Homemaker services to assist with housekeeping chores, preparing meals, or shopping.
 - ☑ Personal care services to help the individual bathe, get dressed, go to the bathroom, and/or exercise.
 - ☑ Skilled care services to assist the family caregiver in tending to the person’s medical needs, such as when administering medications.

When evaluating a respite care program, check to see if it is licensed by the state (where required) and if the caregivers have the qualifications necessary for the job. Caring for another person is a big job and even caregivers need care!



Online Prescription Refills Now Available with MyHealthVet

By Karen Hebda, Southern Arizona VAHCS MHV Point of Contact

MyHealthVet, the web portal designed for veterans, their family members and healthcare providers, has recently become interactive with the addition of prescription refill functionality, an exciting enhancement to an already powerful health tool. In an effort to keep veterans informed and to improve the quality of their healthcare, MyHealthVet was introduced in November of 2003. With a few clicks of the mouse, veterans are given access to health information, self-assessment tools, information on veteran specific conditions and benefits, seasonal health reminders, and the ability to enter information into a secure Personal Health Journal. Here they can

record such things as their blood pressure, heart rate, blood sugar levels, allergies, and medical events, just to name a few.

As of August 31, 2005, veterans nationwide who have registered with MyHealthVet can refill their prescriptions online and view their VA prescription history. Online prescription refill has been the most popular request for MyHealthVet. This unique service is designed exclusively for VA patients to manage medications prescribed by VA doctors. There is a link on the MyHealthVet homepage that clearly explains the refill process. Active drugs can only be refilled if enough time has passed since the last refill. An "Active" prescription that is refillable is indicated by a checkbox on the refill page. If there is not a checkbox, the prescrip-

tion is not refillable. Prescriptions for narcotics cannot be refilled online.

Once the patient checks the drugs in the list that they wish to refill, they must then click <SUBMIT>, completing the process. If for some reason the VA is unable to refill the patient's prescription, an error message will appear, telling the user what to do. There is a help link (designated by a question mark) providing more information on the process, and a *Contact Us* link at the top of every MyHealthVet screen, should the user wish to ask any questions. The process is simple and straightforward.

Most patients should be able to navigate through the steps easily. Users must be registered using their name, date of birth,

and Social Security number exactly the way it is documented in their VA electronic record. Patients should use their identification card or the label of one of their VA prescription bottles to ensure that they are registered properly with MyHealthVet. Any necessary changes can be made easily through the *Manage My Account* link.

The MyHealthVet national committee is currently working toward the release of other features that will enhance this product. Watch for these exciting additions to MyHealthVet coming in the very near future: view appointments, view co-payments, self-entered food journal, access to – and sharing – parts of the patient's VA health record, and clinician/patient messaging.

www.MyHealthVet.com

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For patient concerns or issues, contact our patient representatives at 602-277-5551, ext. 7394

602-222-6508

Carl T. Hayden VA Medical Center
Ambulatory Care

To change your address, contact:

Health Trends is designed to provide general health and wellness information and news about services provided by VISN 18. *Health Trends* is not intended as a substitute for professional medical advice, which should be obtained from your healthcare provider.

Smoking Cessation Program.

If you are a veteran who is currently smoking and would like to learn ways to stop this habit, help is available through the Carl T. Hayden VA MC. Please contact your primary care provider and request a consultation to the

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